01/10/2011 11:59

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FEC FORM 3X

FE6AN026

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT ₩ over the lines CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES ATTENTION: MARY ANN ROUSE ADDRESS (number and street) 1000 BLYTHE BOULEVARD Check if different than previously **CHARLOTTE** NC 28203 2861 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** CITY A ZIPCODE A IS THIS **AMENDED** NEW C00423871 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12S) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Χ Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 23 2010 12 3 1 2010 1 1 Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Mary Ann Rouse Type or Print Name of Treasurer Electronically Filed by Mary Ann Rouse 0 1 10 2011 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

2 / 27

Write or Type Committee Name

FEC Form 3X (Rev. 02/2003)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1 2010 Y Y Y		162965.18
	(b) Cash on Hand at Begining of Reporting Period	143985.30	
	(c) Total Receipts (from Line 19)	9937.28	79464.35
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	153922.58	242429.53
7.	Total Disbursements (from Line 31)	0.00	88506.95
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	153922.58	153922.58
9.	Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

3 / 27 FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

м м 1 1 23 м°м 12 3 1 2010 2010 Report Covering the Period: From: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 9678.91 66195.96 (i) Itemized (use Schedule A) 234.44 10608.63 (ii) Unitemized (iii) TOTAL (add 9913.35 76804.59 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 9913.35 76804.59 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 6.95 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 2500.00 Political Committees 17. Other Federal Receipts 23.93 152.81 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) 0.00 0.00 (b) Levin Funds (from Schedule H5) 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 9937.28 79464.35 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts

9937.28

79464.35

(subtract Line 18(c) from Line 19)

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 27

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share		
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	0.00	6.05
	Expenditures(c) Total Operating Expenditures	0.00	6.95
	(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	0.00	6.95
2.	Transfers to Affiliated/Other Party		
3.	Committees	0.00	0.00
	Federal Candidates/Committeesand Other Political Committees	0.00	89000.00
4.	Independent Expenditure	0.00	0.00
5.	(use Schedule E)	0.00	0.00
J .	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6.	Loan Repayments Made	0.00	0.00
7	Loans Made	0.00	0.00
	Refunds of Contributions To:	0.00	0.00
	(a) Individuals/Persons Other Than Political Committees	0.00	0.00
	(b) Political Party Committees	0.00	-500.00
	(c) Other Political Committees		
	(such as PACs)	0.00	0.00
	(d) Total Contribution Refunds	0.00	-500.00
	(add Lines 28(a), (b), and (c))		
9.	Other Disbursements	0.00	0.00
0.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share		
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add	0.00	0.00
	Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
1.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	0.00	88506.95
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	0.00	88506.95

DETAILED SUMMARY PAGE

of Disbursements

5 / 27

	III. Net Contributions/Operating	COLUMN A	COLUMN B
	Expenditures	Total This Period	Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	9913.35	76804.59
34.	Total Contribution Refunds (from Line 28(d))	0.00	-500.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	9913.35	77304.59
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	6.95
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	6.95
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

FE6AN026

	HEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 27 (check only one) X
or fo	information copied from such Reports and Sor commercial purposes, other than using the NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSI	e name and add	dress of any political committee to	o solicit contributions from such committee.
F F F F F F F F F F F F F F F F F F F	FED PAC Full Name (Last, First, Middle Initial) Peter Acker Mailing Address 816 East Park Drive City LincoInton FEC ID number of contributing ederal political committee. Name of Employer Carolinas HealthCare System Receipt For: Primary General Other (specify)	State NC C Occupatio Administ Aggregate	rator 2 Year-to-Date ▼ 250.00	Date of Receipt M M
. !	Full Name (Last, First, Middle Initial) Paula Banks Mailing Address 2308 Queensland City Charlotte FEC ID number of contributing ederal political committee. Name of Employer Carolinas Healthcare System Receipt For:	1	Zip Code 28270 n ciate General Counsel	Date of Receipt 1 1 2 4 2 0 1 0 Transaction ID: SA11AI.7914 Amount of Each Receipt this Period 250.00
F	Primary General Other (specify) Full Name (Last, First, Middle Initial) Pamela M Beckwith Mailing Address 1709 Rosebank Lane City Charlotte FEC ID number of contributing ederal political committee.	State NC C	Zip Code 28226	Date of Receipt 12 01 2010 Transaction ID: SA11AI.7970 Amount of Each Receipt this Period 166.63
_	Name of Employer CarolinasHealthCareSystem Receipt For: 2010 Primary X General Other (specify) Other	Occupatio ADMIN Aggregate	Year-to-Date ▼	Payroll Deduction \$166.63 monthly
SU	BTOTAL of Receipts This Page (optional)			666.63

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 27 (check only one) X 11a 11b 11c 12 13 14 15 16 16
A	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOS FED PAC	ne name and add	dress of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
	Full Name (Last, First, Middle Initial) Judy L Booth Mailing Address 11448 Terrill Ridge D)r		Date of Receipt 1 2 0 1 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.7961
	Davidson	NC	28036	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.76
	Name of Employer Carolinas HealthCare Syst- em	Occupation ADMIN	n	Payroll Deduction \$20.76 monthly
	Receipt For: 2010	Aggregate	e Year-to-Date ▼	
	Primary X General Other (specify) ▼	0 0	250.00	
	Full Name (Last, First, Middle Initial) Joseph Bowers			Date of Receipt
	Mailing Address 5221 Amherst Trail D	M M / D D / Y Y Y Y Y Y 1 1 1 1 2 3 2 0 1 0		
	City	State	Zip Code	Transaction ID: SA11AI.7917
	Charlotte	NC	28226	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Carolinas HealthCare Syst- em	Occupation Vice Pres		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Mr. Jerry L Bryson Mailing Address 6503 Elfreda Road			Date of Receipt
				12 01 2010
	City Charlotte	State NC	Zip Code 28270	Transaction ID: SA11AI.8003
	FEC ID number of contributing federal political committee.	C	202/0	Amount of Each Receipt this Period 20.76
	Name of Employer CarolinasHealthCareSystem Occupation ADMIN			Payroll Deduction \$20.76 monthly
	Receipt For: 2010 Primary X General Other (specify) ▼		Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)	1		291.52

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 27 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any personal statements may not be sold or used by any personal he name and address of any political committee to SPITAL AUTHORITY/CAROLINAS HEALT	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Stephen C Burr Mailing Address 203 Eslynn Road City Mount Holly FEC ID number of contributing federal political committee. Name of Employer CarolinasHealthCareSystem Receipt For: 2010 Primary X General Other (specify)	State Zip Code NC 28120 C Occupation ADMIN Aggregate Year-to-Date 500.00	Date of Receipt M M D D 2 0 1 0
Full Name (Last, First, Middle Initial) Mr. Jack F Chamblee Mailing Address PO Box 550934 City Gastonia FEC ID number of contributing federal political committee. Name of Employer CarolinasHealthCareSystem Receipt For: 2010 Primary X General Other (specify)	State Zip Code NC 28055-0934 C Occupation ADMIN Aggregate Year-to-Date 600.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mr. Paul G Colavita Mailing Address 2501 Sedley Road City Charlotte FEC ID number of contributing federal political committee. Name of Employer CarolinasHealthCareSystem Receipt For: 2010 Primary X General Other (specify)	State Zip Code NC 28211 C Occupation ADMIN Aggregate Year-to-Date 500.00	Date of Receipt M
SUBTOTAL of Receipts This Page (optional)		133.26

A.

В.

C.

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 9 / 27	
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12	
			$\begin{array}{ c c c c c c c c c c c c c c c c c c c$	
Any information copied from such Reports and State	ements may	not be sold or used by any perso	on for the purpose of soliciting contributions	
or for commercial purposes, other than using the nar	me and add	lress of any political committee to	solicit contributions from such committee.	
NAME OF COMMITTEE (In Full)	A. A.I. T .I.		LICADE OVOTEM EMPLOYEES	
CHARLOTTE-MECKLENBURG HOSPITA FED PAC	AL AUTHO	JRITY/CAROLINAS HEALT	HCARE SYSTEM EMPLOYEES	
Full Name (Last, First, Middle Initial) Rose L Coyne			Date of Receipt	
Mailing Address 1329 Wyanoke Ave			11 23 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City	State	Zip Code	Transaction ID: SA11AI.8025	
Shelby	NC	28152	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		250.00	
Carolinae Hoaltheare Syet-	Occupation VP/Finan			
Receipt For: Primary General	Aggregate	Year-to-Date ▼		
Other (specify) ▼	0 0	250.00		
Full Name (Last, First, Middle Initial) David Ellerbe			Date of Receipt	
Mailing Address 2610 Tanglewood Lane			12 01 2010	
City	State	Zip Code	Transaction ID: SA11AI.7982	
Charlotte	NC	28211	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		20.76 Payroll Deduction \$20.76	
Carolinae HéalthCaro Svet-	Occupation ADMIN	1	monthly	
Receipt For: 2010	Aggregate	Year-to-Date ▼		
Primary X General Other (specify) ▼		250.00		
Full Name (Last, First, Middle Initial) Jesse Faile			Date of Receipt	
Mailing Address 2014 Fairview Circle			11 29 2010	
City	State	Zip Code	Transaction ID: SA11AI.7939	
Wilkesboro	NC	28697	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		250.00	
Carolinas Héalthcare Syst-	Occupation President		Credit Card Contribution	
em Receipt For:		Year-to-Date ▼	-	
Primary General	33 3	250.00	1	
Other (specify) ▼		200.00		
SUBTOTAL of Receipts This Page (optional)			520.76	

TOTAL This Period (last page this line number only)

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 27 (check only one) X 11a 11b 11c 12 13 14 15 16 17
4	Any information copied from such Reports and or for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOS FED PAC	PITAL AUTH	ORITY/CAROLINAS HEALT	THCARE SYSTEM EMPLOYEES
Д А.	Full Name (Last, First, Middle Initial) Dr. Marsha D Ford			Date of Receipt
	Mailing Address 6836 Alexander Road		7.0	12 01 2010
	City <u>Charlotte</u>	State NC	Zip Code 28270	Transaction ID: SA11AI.8004 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer CarolinasHealthCareSystem	Occupatio PHYS	n	Payroll Deduction \$100 mo- nthly
	Receipt For: 2010 Primary X General Other (specify) ▼	- '	e Year-to-Date ▼ 1200.00	
— В.	Full Name (Last, First, Middle Initial) Mr. Paul S Franz Mailing Address 1320 Fillmore Avenue	:#413		Date of Receipt
		12 01 2010		
	City Charlotte	State NC	Zip Code 28203	Transaction ID: SA11AI.7965 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		416.63
	Name of Employer CarolinasHealthCareSystem	Occupatio ADMIN	n	Payroll Deduction \$416.63 monthly
	Receipt For: 2010 Primary X General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 5000.00	
_ С.	Full Name (Last, First, Middle Initial) SCOTT J GOLLINGER			Date of Receipt
	Mailing Address 15715 TRENTON PLA	1 1 2 3 2 0 1 0		
	City HUNTERSVILLE	State NC	Zip Code 28078	Transaction ID: SA11AI.7942
	FEC ID number of contributing federal political committee.	C	28078	Amount of Each Receipt this Period 250.00
	Name of Employer CAROLINAS HEALTHCARE SYST- EM	Occupatio VP	n	Credit Card Contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional) .		\	766.63
F	TOTAL This Period (last page this line numbe		<u> </u>	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 27 (check only one) X 11a 11b 11c 12 13 14 15 16 11
or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOS	I Statements may not be sold or used by any person the name and address of any political committee to SPITAL AUTHORITY/CAROLINAS HEALTH	solicit contributions from such committee.
FED PAC Full Name (Last, First, Middle Initial) Mr. Greg A Gombar Mailing Address 4625 Cotton Creek E City Charlotte FEC ID number of contributing federal political committee. Name of Employer Carolinas Health Care System Receipt For: 2010 Primary X General	Orive State Zip Code NC 28226 C Occupation ADMIN Aggregate Year-to-Date ▼	Date of Receipt 1 2 0 1 2 0 1 0 Transaction ID: SA11AI.7992 Amount of Each Receipt this Period 416.63 Payroll Deduction \$416.63 monthly
Full Name (Last, First, Middle Initial) Dr. Frederick L Greene Mailing Address 128 Altondale Avenu City Charlotte FEC ID number of contributing federal political committee. Name of Employer CarolinasHealthCareSystem Receipt For: 2010 Primary X General Other (specify)		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) KATHLEEN GREW Mailing Address 16704 YARDARM LI City CORNELIUS FEC ID number of contributing federal political committee. Name of Employer CAROLINAS HEALTHCARE SYST- EM Receipt For: 2010 Primary X General Other (specify)	State Zip Code NC 28031 C Occupation VP Aggregate Year-to-Date 250.00	Date of Receipt M M
SUBTOTAL of Receipts This Page (optional))	458.15

ľ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 27 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using th	Statements ma ne name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOS FED PAC		• • • • • • • • • • • • • • • • • • • •	
۷.	Full Name (Last, First, Middle Initial) Russell Guerin			Date of Receipt
	Mailing Address 3324 Meadow Bluff D	12 01 2010		
	City	State	Zip Code	Transaction ID: SA11AI.7985
	Charlotte	NC	28226	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		166.63
	Name of Employer Carolinas HealthCare Syst- em	Occupation ADMIN	n	Payroll Deduction \$166.63 monthly
	Receipt For: 2010 Primary X General	Aggregate	e Year-to-Date ▼	
	Other (specify)		4000.00	
_ 3.	Full Name (Last, First, Middle Initial) Ms. Janet D Handy			Date of Receipt
	Mailing Address 8044 Silver Jade Driv	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: SA11AI.8009
	Denver FEC ID number of contributing	NC C	28037	Amount of Each Receipt this Period 50.00
	federal political committee.	C		
	Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	n	Payroll Deduction \$50 mon- thly
	Receipt For: 2010 Primary X General	Aggregate	e Year-to-Date ▼	
	Primary X General Other (specify) ▼		600.00	
_).	Full Name (Last, First, Middle Initial) Mr. Thomas E Hassett			Date of Receipt
	Mailing Address 7733 Compton Court			12 01 2010
	City	State	Zip Code	Transaction ID: SA11AI.8007
	Charlotte	NC	28270	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.76
	Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	n	Payroll Deduction \$20.76 monthly
	Receipt For: 2010	Aggregate	e Year-to-Date ▼	
	Primary X General Other (specify) ▼		250.00	
ſ		1		237.39

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 27 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may	Lynot be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOS FED PAC			
Full Name (Last, First, Middle Initial) Henry C Hawthorne			Date of Receipt
Mailing Address 1310 James B White	Hwy N		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.7964
Whiteville	NC	28472	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		75.00
Name of Employer CarolinasHealthCareSystem	Occupation	n	Payroll Deduction \$75 mon- thly
Receipt For: 2010	Aggregate	e Year-to-Date ▼	
Primary X General Other (specify) ▼	33 13	900.00	
Full Name (Last, First, Middle Initial) Laurence C Hinsdale			Date of Receipt
Mailing Address 7117 Stirewalt Road			1 2 0 1 2 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0
City	State	Zip Code	Transaction ID: SA11AI.8006
Concord	NC	28027	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		166.63
Name of Employer Carolinas HealthCare Syst- em	Occupation	n	Payroll Deduction \$166.63 monthly
Receipt For: 2010 Primary X General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2000.00]
Full Name (Last, First, Middle Initial) Mr. Christopher R Hummer			Date of Receipt
Mailing Address 8304 Indigo Row			12 01 2010
City	State	Zip Code	Transaction ID: SA11AI.7977
Charlotte	NC	28277	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		22.00
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	n	Payroll Deduction \$22 mon- thly
Receipt For: 2010	Aggregate	Year-to-Date ▼	
Primary X General Other (specify) ▼	0 0	264.00	
	1		263.63

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 27 (check only one) X 11a	
or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG He	and Statements may not be sold or used by any pers g the name and address of any political committee to OSPITAL AUTHORITY/CAROLINAS HEAL	o solicit contributions from such committee.	
FED PAC Full Name (Last, First, Middle Initial) James C Hunter Mailing Address 1525 Kenilworth A City Charlotte FEC ID number of contributing federal political committee. Name of Employer	ve #106 State Zip Code NC 28203 C	Date of Receipt 1 2 0 1 2 0 1 0 Transaction ID: SA11AI.7968 Amount of Each Receipt this Period 83.26 Payroll Deduction \$83.26 monthly	
Name of Employer CarolinasHealthCareSystem Receipt For: 2010 Primary X General Other (specify) ▼	ADMIN Aggregate Year-to-Date ▼ 1000.00		
Full Name (Last, First, Middle Initial) Stephen Dennis Jones Mailing Address 125 Lake Mist Driv	/e	Date of Receipt 1 2 0 1 2 0 1 0	
City Belmont FEC ID number of contributing federal political committee.	State Zip Code NC 28012	Transaction ID: SA11AI.7962 Amount of Each Receipt this Period 20.76	
Name of Employer Carolinas HealthCare System Receipt For: 2010 Primary X General Other (specify) ▼	Occupation ADMIN Aggregate Year-to-Date ▼ 250.00	Payroll Deduction \$20.76 monthly	
Full Name (Last, First, Middle Initial) Ms. Kathleen Ann Kaney Mailing Address 2316 Vail Avenue	Ms. Kathleen Ann Kaney		
City Charlotte	State Zip Code NC 28207	Transaction ID: SA11AI.7978 Amount of Each Receipt this Period 25.00	
federal political committee. Name of Employer CarolinasHealthCareSystem			
Receipt For: 2010 Primary X General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		
SUBTOTAL of Receipts This Page (option	al)	129.02	

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 27 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may	unot be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOS			
Full Name (Last, First, Middle Initial) Mr. Robert M Keener			Date of Receipt
Mailing Address 625 Club Drive			1 2 0 1 Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.8002
Stanley	NC	28164	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		25.00
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	n	Payroll Deduction \$25 mon- thly
Receipt For: 2010		e Year-to-Date ▼	1
Primary X General Other (specify) ▼	35 15410	300.00	
Full Name (Last, First, Middle Initial) Mary Kuzmanovich			Date of Receipt
Mailing Address PO Box 1377			1 2 0 1 2 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0
City	State	Zip Code	Transaction ID: SA11AI.8017
Davidson	NC	28036	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.76
Name of Employer Carolinas HealthCare Syst- em	Occupation Vice Pres		Payroll Deduction \$20.76 monthly
Receipt For: 2010 Primary X General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Thomas F Laymon			Date of Receipt
Mailing Address 7505 Tripper Lane			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.7959
Charlotte	NC	28226	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		22.00
Name of Employer Carolinas HealthCare Syst- em	Occupation ADMIN	n	Payroll Deduction \$22 mon- thly
Receipt For: 2010	Aggregate	e Year-to-Date ▼	
Primary X General Other (specify) ▼	0 0	264.00	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	.)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 27 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HO	the name and add	lress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
FED PAC Full Name (Last, First, Middle Initial) Mr. Frank S Letherby Mailing Address 5234 Lancelot Drive			Date of Receipt M M D D Y Y Y Y Y Y Y
City Charlotte FEC ID number of contributing federal political committee.	State NC	Zip Code 28270	Transaction ID: SA11AI.7995 Amount of Each Receipt this Period 83.26
Name of Employer CarolinasHealthCareSystem Receipt For: 2010 Primary X General	Occupation ADMIN Aggregate	n Year-to-Date ▼	Payroll Deduction \$83.26 monthly
Other (specify) Full Name (Last, First, Middle Initial) Mr. W. Spencer Lilly Mailing Address 9306 Copans Glen L		1000.00	Date of Receipt
City Huntersville FEC ID number of contributing federal political committee.	State NC	Zip Code 28078	Transaction ID: SA11AI.8011 Amount of Each Receipt this Period 83.26
Name of Employer CarolinasHealthCareSystem Receipt For: 2010 Primary X General Other (specify) ▼	Occupation ADMIN Aggregate	Year-to-Date ▼ 1000.00	Payroll Deduction \$83.26 monthly
Full Name (Last, First, Middle Initial) Ms. Donna Lockhart Mailing Address 5523 Challis View L	ane		Date of Receipt 1 2 0 1 2 0 1 0
City Charlotte FEC ID number of contributing federal political committee.	State NC	Zip Code 28226	Transaction ID: SA11AI.7997 Amount of Each Receipt this Period 20.76
Name of Employer CarolinasHealthCareSystem Receipt For: 2010 Primary X General Other (specify) ▼	Occupation ADMIN Aggregate	Year-to-Date ▼ 250.00	Payroll Deduction \$20.76 monthly
SUBTOTAL of Receipts This Page (optional)	_	187.28

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 27 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOS			
FED PAC Full Name (Last, First, Middle Initial) FRIEDA M LOWDER			Date of Receipt
Mailing Address 14444 WESTGREE	N DR		12 01 2010
City	State	Zip Code	Transaction ID: SA11AI.7967
HUNTERSVILLE FEC ID number of contributing federal political committee.	NC C	28078	Amount of Each Receipt this Period 41.63
Name of Employer CAROLINAS HEALTHCARE SYST- EM	Occupation SVP	n	Payroll Deduction \$41.63 monthly
Receipt For: 2010 Primary X General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Michael J Lutes			Date of Receipt
Mailing Address 4025 Camrose Cros	sing		1 2 D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City <u>Matthews</u>	State NC	Zip Code 28104	Transaction ID: SA11AI.7989 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.63
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	n	Payroll Deduction \$41.63 monthly
Receipt For: 2010 Primary X General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) John Marx			Date of Receipt
Mailing Address 3535 Knapdale Lane			1 2 0 1 2 0 1 0
City Charlotte	State NC	Zip Code 28226	Transaction ID: SA11AI.7987 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.63
Name of Employer Carolinas HealthCare Syst- em	Occupation PHYS	1	Payroll Deduction \$41.63 monthly
Receipt For: 2010 Primary X General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional))		124.89

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 27 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any pere e name and address of any political committee	
NAME OF COMMITTEE (In Full)	PITAL AUTHORITY/CAROLINAS HEAL	
Full Name (Last, First, Middle Initial) John Marx		Date of Receipt
Mailing Address 3535 Knapdale Lane		12 06 2010
City	State Zip Code	Transaction ID: SA11AI.8027
Charlotte	NC 28226	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Carolinas HealthCare Syst- em	Occupation PHYS	Credit Card Contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Mr. F Del Murphy	1	Date of Receipt
Mailing Address 2824 Winding Oak Dr	ive	1 2 D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.7983
Charlotte	NC 28270	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$25 mon- thly
Receipt For: 2010	Aggregate Year-to-Date ▼	
Primary X General Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) Mr. James C Olsen		Date of Receipt
Mailing Address 5900 Summerston Pla	ace	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.8000
Charlotte	NC 28277	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$125 mo- nthly
Receipt For: 2010	Aggregate Year-to-Date ▼	
Primary X General Other (specify) ▼	1500.00	
		650.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 27 (check only one) X 11a 11b 11c 12 13 14 15 16
· ·	and Statements may not be sold or used by any pers g the name and address of any political committee t	
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG H FED PAC	OSPITAL AUTHORITY/CAROLINAS HEAL	THCARE SYSTEM EMPLOYEES
Full Name (Last, First, Middle Initial) Jerry A Parrish		Date of Receipt
Mailing Address 107 Nottingham C City	ourt State Zip Code	1 1 3 0 2 0 1 0 Transaction ID: SA11AI.7926
Anderson	SC 29621	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Carolinas HealthCare Syst- em	Occupation Administrator	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Joshua C Patt		Date of Receipt
Mailing Address 4343 Columbine C	ircle	12 01 2010
City	State Zip Code	Transaction ID: SA11AI.7991
<u>Charlotte</u>	NC 28211	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.76
Name of Employer Carolinas HealthCare Syst- em	Occupation PHYS	Payroll Deduction \$20.76 monthly
Receipt For: 2010 Primary X General	Aggregate Year-to-Date ▼	
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Mr. Joseph G Piemont		Date of Receipt
Mailing Address 2028 Hopedale Av	enue	12 01 YYYY 12 01 2010
City	State Zip Code	Transaction ID: SA11AI.7974
Charlotte	NC 28207	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$400 mo- nthly
Receipt For: 2010 Primary X General	Aggregate Year-to-Date ▼	_
Other (specify)	4800.00	
SUPTOTAL of Possints This Page (ention	al)	920.76

NAME OF COMMITTE CHARLOTTE-MECIFED PAC Full Name (Last, First, I Debra Pierce Mailing Address 604 City Matthews FEC ID number of cont federal political committ Name of Employer Carolinas Healthcare Sem Receipt For: Primary Other (specify) Full Name (Last, First, I Debra Plousha Moore Mailing Address 693: City Charlotte FEC ID number of cont federal political committ Name of Employer Carolinas HealthCare Sem	E (In Full) KLENBURG HOSPITAL AL Middle Initial) Swancroft Lane State NC ributing ee. Occup VP, N Aggre Aggre Middle Initial) 5 Conservatory Lane State NC	e Zip Code 28105 pation Marketing egate Year-to-Date ▼ 250.00	Date of Receipt Page 12 Date of Receipt M M J D D J D D D D D D D D D D D D D D
CHARLOTTE-MECIFED PAC Full Name (Last, First, I Debra Pierce Mailing Address 604 City Matthews FEC ID number of cont federal political committ Name of Employer Carolinas Healthcare Sem Receipt For: Primary Other (specify) Full Name (Last, First, I Debra Plousha Moore Mailing Address 693: City Charlotte FEC ID number of cont federal political committ Name of Employer Carolinas HealthCare Sem	State NC Widdle Initial) Swancroft Lane State NC ributing ee. Qccup VP, N Aggre Middle Initial) 5 Conservatory Lane State NC	e Zip Code 28105 Dation Marketing egate Year-to-Date ■ 250.00 ■ Example 19	Date of Receipt M
Full Name (Last, First, I Debra Pierce Mailing Address 604 City Matthews FEC ID number of cont federal political committ Name of Employer Carolinas Healthcare Sem Receipt For: Primary Other (specify) Full Name (Last, First, I Debra Plousha Moore Mailing Address 693: City Charlotte FEC ID number of cont federal political committ Name of Employer Carolinas HealthCare Sem	Swancroft Lane State NC ributing ee. yst- General Middle Initial) 5 Conservatory Lane State NC	28105 Doation Marketing egate Year-to-Date	Transaction ID: SA11AI.7947 Amount of Each Receipt this Period 250.00 Credit Card Contribution Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Matthews FEC ID number of cont federal political committ Name of Employer Carolinas Healthcare S em Receipt For: Primary Other (specify) Full Name (Last, First, I Debra Plousha Moore Mailing Address 693: City Charlotte FEC ID number of cont federal political committ Name of Employer Carolinas HealthCare S em	State NC ributing ee. Qccup VP, N General Middle Initial) 5 Conservatory Lane State NC	28105 Doation Marketing egate Year-to-Date	Transaction ID: SA11AI.7947 Amount of Each Receipt this Period 250.00 Credit Card Contribution Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Matthews FEC ID number of cont federal political committ Name of Employer Carolinas Healthcare Sem Receipt For: Primary Other (specify) ▼ Full Name (Last, First, I Debra Plousha Moore Mailing Address 693: City Charlotte FEC ID number of cont federal political committ Name of Employer Carolinas HealthCare Sem	ributing ee. C yst- General Middle Initial) 5 Conservatory Lane State NC	28105 Doation Marketing egate Year-to-Date	Amount of Each Receipt this Period 250.00 Credit Card Contribution Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of cont federal political committed and	ributing ee. Occup VP, N General Middle Initial) 5 Conservatory Lane State NC	pation Marketing egate Year-to-Date 250.00 Example 10 of the content of the	Date of Receipt 1 2 0 1 0 1 2 0 1 0 Transaction ID: SA11AI.8005
Receipt For: Primary Other (specify) Full Name (Last, First, I Debra Plousha Moore Mailing Address 693: City Charlotte FEC ID number of cont federal political committe Name of Employer Carolinas HealthCare Sem	general Occup VP, N Aggre Middle Initial) Conservatory Lane State NC	Marketing egate Year-to-Date ▼ 250.00 e Zip Code	Date of Receipt 1 2 0 1 2 0 1 0 Transaction ID: SA11AI.8005
em Receipt For: Primary Other (specify) Full Name (Last, First, I Debra Plousha Moore Mailing Address 693. City Charlotte FEC ID number of cont federal political committ Name of Employer Carolinas HealthCare Sem	General Aggre Middle Initial) 5 Conservatory Lane State NC	Marketing egate Year-to-Date ▼ 250.00 e Zip Code	Date of Receipt M
Receipt For: Primary Other (specify) Full Name (Last, First, I Debra Plousha Moore Mailing Address 693: City Charlotte FEC ID number of cont federal political committe Name of Employer Carolinas HealthCare Sem	General Aggre Middle Initial) 5 Conservatory Lane State NC	egate Year-to-Date ▼ 250.00 e Zip Code	1 2 0 1 2 0 1 0 Transaction ID: SA11AI.8005
Primary Other (specify) Full Name (Last, First, I Debra Plousha Moore Mailing Address 693: City Charlotte FEC ID number of cont federal political committe Name of Employer Carolinas HealthCare Sem	General Middle Initial) 5 Conservatory Lane State NC	250.00 e Zip Code	1 2 0 1 2 0 1 0 Transaction ID: SA11AI.8005
Debra Plousha Moore Mailing Address 693: City Charlotte FEC ID number of cont federal political committ Name of Employer Carolinas HealthCare Sem	5 Conservatory Lane State NC	·	1 2 0 1 2 0 1 0 Transaction ID: SA11AI.8005
City Charlotte FEC ID number of cont federal political committe Name of Employer Carolinas HealthCare Sem	State NC	·	1 2 0 1 2 0 1 0 Transaction ID: SA11AI.8005
Charlotte FEC ID number of cont federal political committed in the commit	NC 'the state of	·	Transaction ID: SA11AI.8005
Charlotte FEC ID number of cont federal political committed in the commit	NC 'the state of	·	
FEC ID number of cont federal political committ Name of Employer Carolinas HealthCare S em	ributing		
em			250.00
	Occup Syst- ADM		Payroll Deduction \$250 mo- nthly
Primary X Other (specify)	General	egate Year-to-Date ▼ 3000.00	
Full Name (Last, First, I Mr. James A Ramsey	Middle Initial)		Date of Receipt
Mailing Address 802	8 Water View Drive		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	e Zip Code	Transaction ID: SA11AI.8008
Belmont	NC	28012	Amount of Each Receipt this Period
FEC ID number of cont federal political committee			20.76
Name of Employer Carolinas HealthCare S em	Occup Syst- ADM		Payroll Deduction \$20.76 monthly
Receipt For: 2		egate Year-to-Date ▼	
Primary X Other (specify)	General	250.00	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	foi	se separate schedule(s) r each category of the etailed Summary Page	FOR LINE NUMBER: PAGE 21 / 27 (check only one) X 11a 11b 11c 12 13 14 15 16 16
A	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) CHARLACE	e name and address	of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	FED PAC Full Name (Last, First, Middle Initial) Mr. Roger A Ray Mailing Address 11029 Lederer Ave City Charlotte FEC ID number of contributing federal political committee. Name of Employer CarolinasHealthCareSystem Receipt For: 2010 Primary X General Other (specify)		Zip Code 28277 -to-Date ▼ 4000.00	Date of Receipt 1 2 0 1 2 0 1 0 Transaction ID: SA11AI.7960 Amount of Each Receipt this Period 333.26 Payroll Deduction \$333.26 monthly
·	Full Name (Last, First, Middle Initial) Lawrence W Raymond Mailing Address 5740 Ballinard Lane City Charlotte FEC ID number of contributing federal political committee. Name of Employer Carolinas HealthCare System Receipt For: 2010 Primary X General Other (specify)		Zip Code 28277 -to-Date ▼ 720.00	Date of Receipt M
	Full Name (Last, First, Middle Initial) Dr. Wanda Robinson Mailing Address 233 Altondale Avenue City Charlotte FEC ID number of contributing federal political committee. Name of Employer Carolinas HealthCare System Receipt For: 2010 Primary X General Other (specify)	State 2	Zip Code 28207 -to-Date ▼ 1200.00	Date of Receipt M
Γ,	SUBTOTAL of Receipts This Page (optional)	1		493.26

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 27 (check only one) X 11a
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any pers he name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
/ FED PAC	SPITAL AUTHORITY/CAROLINAS HEAL	THCARE SYSTEM EMPLOYEES
Full Name (Last, First, Middle Initial) Pamela M Rowell Mailing Address		Date of Receipt
Mailing Address 9702 Heritage Lane City	State Zip Code	1 2 0 1 2 0 1 0 Transaction ID: SA11Al.8014
Indian Trail	NC 28079	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	44.81
Name of Employer Carolinas HealthCare Syst- em	Occupation ADMIN	Payroll Deduction \$44.81 monthly
Receipt For: 2010 Primary X General Other (specify)	Aggregate Year-to-Date ▼ 403.85	
Full Name (Last, First, Middle Initial) Harriet Cindy Sartain		Date of Receipt
Mailing Address 6127 Highview Road		12
City	State Zip Code	Transaction ID: SA11AI.8001
Matthews FEC ID number of contributing federal political committee.	NC 28104	Amount of Each Receipt this Period 21.80
Name of Employer Carolinas HealthCare Syst- em	Occupation ADMIN	Payroll Deduction \$21.8 monthly
Receipt For: 2010 Primary X General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initial) Mr. Ronald M Smidt		Date of Receipt
Mailing Address P O Box 901		1 2 0 1 2 0 1 0
City Troutman	State Zip Code NC 28166	Transaction ID: SA11AI.8016 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$30 mon- thly
Receipt For: 2010 Primary X General Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	
SUBTOTAL of Receipts This Page (optional)		96.61

I	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS Any information copied from such Reports and S	Statements ma	Use separate schedule(s) for each category of the Detailed Summary Page y not be sold or used by any personal schedule(s)	FOR LINE NUMBER: PAGE 23 / 27 (check only one) X
7	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSE FED PAC Full Name (Last, First, Middle Initial)			
A.	Keith A Smith Mailing Address 2122 Dilworth Road W	/est		Date of Receipt 1 1 2 4 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.7927
	Charlotte FEC ID number of contributing federal political committee.	NC C	28203	Amount of Each Receipt this Period 1000.00
	Name of Employer Carolinas HealthCare System Receipt For: Primary General Other (specify) ▼	Occupation Attorney Aggregate	e Year-to-Date ▼	
- В.	Full Name (Last, First, Middle Initial) Mr. Jody Jay Stock Mailing Address 3466 Blue Jay Path			Date of Receipt M
	City Fort Mill	State SC	Zip Code 29708	Transaction ID: SA11AI.7986 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. Name of Employer CarolinasHealthCareSystem	Occupation	n	Payroll Deduction \$20.76 monthly
	Receipt For: 2010 Primary X General Other (specify)	ADMIN Aggregate	e Year-to-Date ▼ 250.00	
С.	Full Name (Last, First, Middle Initial) Ms. Robin E Surane Mailing Address PO Box 43			Date of Receipt
	City Cornelius	State NC	Zip Code 28031	Transaction ID: SA11AI.8018 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	n	Payroll Deduction \$25 mon- thly
	Receipt For: 2010 Primary X General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
	SUBTOTAL of Receipts This Page (optional)			1045.76

	DULE A (FEC Form 3X) ED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 27 (check only one) X 11a
or for com NAME CHAF	mercial purposes, other than using the OF COMMITTEE (In Full)	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee. THCARE SYSTEM EMPLOYEES
FED F Full Na Daniel	PAC me (Last, First, Middle Initial) W Sweat Address 133 Twin Lake Drive			Date of Receipt
City Shelb	у	State NC	Zip Code 28152	Transaction ID: SA11AI.7966 Amount of Each Receipt this Period
	number of contributing political committee.	C		100.00
Receip	of Employer lasHealthCareSystem t For: 2010 rimary X General other (specify) ▼	Occupation ADMIN Aggregate	Year-to-Date ▼ 1200.00	Payroll Deduction \$100 monthly
Mr. Mic	me (Last, First, Middle Initial) hael C Tarwater Address 2137 Dilworth Road Ea	st		Date of Receipt
City		State	Zip Code	Transaction ID: SA11AI.7976
federal	number of contributing political committee.	NC C	28203	Amount of Each Receipt this Period 416.63 Payroll Deduction \$416.63
Receip	of Employer lasHealthCareSystem It For: 2010 Irimary X General Other (specify) The specify The specify The specify The specific The speci	Occupation ADMIN Aggregate	e Year-to-Date ▼ 5000.00	mónthly
Alfred F	me (Last, First, Middle Initial) P Taylor Address 1804 Arborway Road			Date of Receipt 1 2 0 1 2 0 1 0
City		State	Zip Code	Transaction ID: SA11AI.7972
	narle number of contributing political committee.	NC C	28001	Amount of Each Receipt this Period 25.00
<u>em</u>	of Employer as HealthCare Syst- t For: 2010	Occupation ADMIN		Payroll Deduction \$25 mon- thly
	rrimary X General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
SUBTOT	AL of Receipts This Page (optional)			541.63

SCHEDULE A	A (FEC Form 3X) CEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 27 (check only one) X 11a 11b 11c 12 13 14 15 16 11
or for commercial put NAME OF COMM CHARLOTTE-I	poses, other than using the r	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee. THCARE SYSTEM EMPLOYEES
Dr. Chris M Teiglar	First, Middle Initial) nd 700 Hungerford Place	State NC	Zip Code 28207	Date of Receipt M M M
Name of Employe CarolinasHealthC Receipt For: Primary Other (speci	r areSystem General	Occupation PHYS Aggregate	Year-to-Date ▼	1000.00
Dr. Alan R Thaling	2524 Flint Grove Road f contributing mmittee.	State NC C Occupation PHYS Aggregate	Zip Code 28226	Date of Receipt M
Full Name (Last, I Mr. David Thomas Mailing Address City Matthews FEC ID number of federal political companies of Employe Carolinas Health Companies of English For: Primary Other (specific Action 1) Other (specific Action 2) Other (specific Action	First, Middle Initial) 1609 Penderlea Lane f contributing symmittee. r areSystem 2010 X General	State NC C Occupation ADMIN Aggregate	Zip Code 28105	Date of Receipt M M
SUBTOTAL of Reco	eipts This Page (optional)			1041.52

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 27 (check only one) X
	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSE FED PAC	e name and add	dress of any political committee to	o solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Ms. Martha J Whitecotton Mailing Address 9526 Greyson Ridge [Orive		Date of Receipt 1 2 0 1 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.8013
	<u>Charlotte</u>	NC	28277	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		21.80
	Name of Employer CarolinasHealthCareSystem	Occupatio ADMIN	n	Payroll Deduction \$21.8 monthly
	Receipt For: 2010 Primary X General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00	
_ 3.	Full Name (Last, First, Middle Initial) Stephen Wilhoit Mailing Address 5933 Deveron Drive			Date of Receipt 1 2 0 2 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.8022
	Charlotte	NC	28211	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Carolinas HealthCare System Receipt For: Primary General Other (specify) ▼	1	n re Executive e Year-to-Date ▼ 250.00	
-).	Full Name (Last, First, Middle Initial) Ms. Phyllis Wingate-Jones Mailing Address 5522 Challis View Lar	ne		Date of Receipt 1 2 0 1 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.7996
	Charlotte	NC	28226	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		166.63 Payroll Deduction \$166.63
	Name of Employer CarolinasHealthCareSystem	Occupatio ADMIN	n	monthly
	Receipt For: 2010 Primary X General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2000.00	
	SUBTOTAL of Receipts This Page (optional)	1		438.43

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 27 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and St or for commercial purposes, other than using the	atements may	y not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSP FED PAC	ITAL AUTH	ORITY/CAROLINAS HEALT	HCARE SYSTEM EMPLOYEES
Full Name (Last, First, Middle Initial) Zachary Zapack Mailing Address 1800 Camden Road			Date of Receipt 1 2 0 1 2 2 0 1 0
City	State	Zip Code	Transaction ID: SA11AI.7958
Charlotte	NC	28203	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.26
Name of Employer Carolinas HealthCare Syst- em	Occupation Administ		Payroll Deduction \$83.26 monthly
Receipt For: 2010 Primary X General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)		83.26
TOTAL This Period (last page this line number only)	•	9678.91